BEST AVAILABLE VOF

	PATENT A	APPLICATIO Effect	N FEE DI	RD	,	Application or Docket Number							
		CLAIMS AS	Column			ımn 2)		SMALL ENTITY TYPE		OTHER THAN			
TOTAL CLAIMS			4					RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ВА	BASIC FEE 370		OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			/4 minus 20=		*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 =		* \$			X42=		OR	X84=		
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				T,	+140=		OR	+280=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	1420	
	C	LAIMS AS A (Column 1)	MENDED - PART II (Column 2) (Column 3)				s	SMALL ENTITY		OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	HEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 24	Minus	- J	0	4	>	X\$ 9=		OR	X\$18=	12	
	Independent	. 2	Minus	***	3			X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-				000		
								140=		OR	+280=		
								ADDIT. FEE			OR ADDIT. FEE		
_		(Column 1) CLAIMS	1.	(Colui		(Column 3)	_						
AMENDMENT B		REMAINING AFTER AMENDMENT		NÚM PREVI	BER	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=)	(\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	#***		=	7	X42=		OR	X84=	`	
Ù	FIRST PRESENTATION OF MULTIPLE DEPENDEN							4.40			.000		
								140=		OR	+280= TOTAL		
										OR	ADDIT. FEE		
		(Column 1)		(Colu		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	×	(\$ 9 =		OR	X\$18=		
	Independent	ŧ	Minus .	***		≥.	5	(42 =			X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		mber Previously Pai					r lound	in the ap	propriate box	in col	lumn 1.		